

Signal Hill Community Services Department Presents

INDOOR SOCCER 2016



**REGISTRATION BEGINS
TUESDAY, MARCH 1ST TO
FRIDAY, MARCH 25TH OR UNTIL FULL**



FREE YOUTH SPORTS PROGRAM
Boys and Girls Ages 5 to 14 years old
Soccer Age Classifications

Coed Rookies	Born 2010-11
Coed Minors	Born 2008-09
E Boys/E Girls	Born 2006-07
D Boys/D Girls	Born 2004-05
C Boys/C Girls	Born 2002-03



Register at Signal Hill Youth Center
1780 E. Hill Street between the hours of 8:00am - 6:00pm

Weekly practices begin the week of March 28th at Signal Hill Park.



First time participants must provide birth certificate
and purchase a Youth Sports jersey for \$10

CALL 562.989.7334 FOR MORE INFORMATION



Community Services Department
2175 Cherry Avenue, Signal Hill, CA 90755
562.989.7330

**Parks
Make
Life
Better!**

**COMMUNITY SERVICES DEPARTMENT
YOUTH SPORTS REGISTRATION**



ALL SECTIONS MUST BE COMPLETE!

ONE FORM PER CHILD

Child's First and Last Name: _____

Gender: Female / Male

School: _____ Grade: ____ ('15-'16 school year)

Age: _____ Birth date: ____ / ____ / ____

In what sport are you registering your child? _____

NOTE: PROOF OF BIRTHDATE IS REQUIRED AT REGISTRATION

Parent / Guardian Information

Parent / Guardian Information

Name: _____

Name: _____

Home Address: _____

Home Address: _____

City/Zip: _____

City/Zip: _____

Home Phone: (____) _____

Home Phone: (____) _____

E-mail: _____

E-mail: _____

Cellular phone #: (____) _____

Cellular phone #: (____) _____

Business Phone: (____) _____ Ext. _____

Business Phone: (____) _____ Ext. _____

Emergency Contact: If a parent of guardian cannot be reached in the event of an illness or emergency, please list at least two contacts over the age of 18, who may provide more information to staff.

First and Last Names	Relationship	Home Phone	Business Phone	Cellular Number
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		()	()	()
		()	()	()

MEDICAL INFORMATION

ALL SECTIONS MUST BE COMPLETE!

Child's physician: _____

Phone: (____) _____

Hospital preference: _____ City: _____

Phone: (____) _____

Child's insurance carrier: _____ Policy number: _____

Group number: _____

Child's dentist: _____

Phone: (____) _____

Is child under regular supervision of a physician? If yes, please explain: _____

CONSENT FOR PARTICIPATION AND MEDICAL RELEASE

In consideration for my child's participation in the program offered above which is under the supervision of the City of Signal Hill, I the undersigned, hereby agree to indemnify and hold harmless the City of Signal Hill, its officers, agents, representatives and/or employees, from any loss and/or liability including expenses and costs, that may result from any death or injuries or damage to property that I or my child may sustain while participating in any activity connected with said program, including but not limited to travel to and from an activity, whether such death or injury or damage to property is caused by the passive or active negligent act or omission of the City of Signal Hill, its officers, agents, representatives and/or employees, or any other cause except intentional torts, fraud, or violation of law. I agree that I will make no claim against the City of Signal Hill, its officers, agents, or employees for any injury or liability for which I have hereby indemnified the City. I further agree to assume responsibility for reasonable safety inspection of any grounds or structure for facilities at any location where my child or I participate in the above program. The undersigned hereby permits the taking of photographs or videos of themselves, their children and/or participants by the City of Signal Hill during city sponsored events, activities and/or programs to be used at the City's discretion, without further compensation to the participant. I further agree that use of such photos or videos may include public display or advertisement. I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment they deem necessary to the above participant in case of an emergency and in the event I cannot be contacted. I understand my child has the ability to leave the program at any time and receives minimal supervision only while participating in City-sponsored programs. I understand that if my child vandalizes and/or destroys City property, fees will be assessed.

I HAVE READ AND AGREE TO THIS RELEASE AS LEGAL GUARDIAN OR PARENT:

Parent/Guardian Signature: _____

Date: ____/____/____

FOR OFFICE USE ONLY: Received by _____ on _____

Give each parent: Youth Sports Brochure____ Dates to Remember____ Code of Conduct Form____

Copy of Birth Certificate: Yes____ No____ On File____

Notes: _____